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CONFIRMATION NO. 4754

Bib Data Sheet

SERIAL NUMBER 10/782,099	FILING DATE 02/19/2004 RULE	CLASS 368	GROUP ART UNIT 2841	ATTORNEY DOCKET NO. 23-0296
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/13/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NJ	2	6	2
Verified and Acknowledged Examiner's Signature	<i>[Signature]</i>	Initials			

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## TITLE

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